

INSTRUCTIONS FOR OBTAINING A DEATH OR FETAL DEATH CERTIFICATE

The Division of Vital Records can issue copies of death certificates only for deaths that occurred in North Dakota. We have records on file starting with 1881 to the present.

The fee for a search of the files is \$5; one search fee pays for one certified copy. Additional copies of the same record issued at the same time are \$2 each.

Once received in our office, copies are usually mailed in 5 to 7 business days (**this does not include mailing time**). Copies to be sent by Federal Express or UPS are processed the same day, provided the request is in our office by 10:00 a.m. Central Time.

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through **Federal Express** for an **additional \$13.00** (add \$5 for delivery to Alaska or Hawaii) or **UPS** for an **additional \$13.00**.

This form may be completed and mailed with fees to:

Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

If you prefer, you may complete this form and fax it with your **Visa, Master Card, or Discover** credit card number and expiration date to (701) 328-1850.

Our web page is at: vitalnd.com

Our email address is: vitalrec@state.nd.us



REQUEST FOR DEATH OR FETAL DEATH CERTIFICATE
NORTH DAKOTA DEPARTMENT OF HEALTH
(08/01/04)

****PLEASE PRINT****

INFORMATION REQUIRED TO LOCATE AND IDENTIFY THE RECORD REQUESTED

Full Name of Deceased		Sex
Date of Death (Month, Day, Year)	Name of Spouse	
Place of Death (Name of Hospital)	City	County
Your relationship to the Deceased*		Name of Funeral Home
*The cause of death on death certificates is by law confidential, and copies showing the cause of death are to be furnished only to a relative or personal representative of the deceased, to the attorney or the agent of a relative or personal representative of the deceased or upon order of a court of competent jurisdiction.		
For what purpose is this copy requested?		No. of Certified copies requested

REQUESTER

Signature of Requester	
Printed Name	
Address	
City, State & Zip Code	Daytime Phone Number (Required)

MAILING INFORMATION IF COPY TO BE SENT ELSEWHERE

Name	
Address	
City, State & Zip Code	Daytime Phone Number (Required)

SHIPPING INSTRUCTIONS

First Class	<input type="checkbox"/>	FedEx or UPS account numbers are NOT ACCEPTED
FedEx (\$13; add \$5 for AK or HI)	<input type="checkbox"/>	
UPS (\$13)	<input type="checkbox"/>	
Waive signature for FedEx or UPS Delivery	<input type="checkbox"/>	

CREDIT CARD INFORMATION

Card Type	Card Number	Fees for copies: \$5 for one copy; \$2 for each additional copy of the same record ordered at the same time.
VISA	<input type="checkbox"/>	
MASTER CARD	<input type="checkbox"/>	
DISCOVER	<input type="checkbox"/>	
Expiration Date		

If you are mailing your request, please send it to: Division of Vital Records, 600 E. Boulevard Ave., Dept. 301 Bismarck, ND 58505-0200. If you are faxing your request, please call (701) 328-1850.